

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009230

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

339

STATE FILE NUMBER

FILED FEB 23 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Kirkwood

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Kirkwood

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

309 Couch Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Owen

Emerson

Jordan

4. DATE  
OF  
DEATH

Month

Day

Year

Jan.

25

1962

## 5. SEX

M.

## 6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/8/80

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insp. (ret.)

## 10b. KIND OF BUSINESS OR INDUSTRY

Aetna Life Ins.

## 11. BIRTHPLACE (City and state or country)

Illinois

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Wm. A. Jordan

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Iola Jordan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Ruth Jordan, 309 Couch Ave. Kirkw.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Ventricular Standstill

## INTERVAL BETWEEN ONSET AND DEATH

immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

A-V nodal disease

## DUE TO (c)

A.S.H.D.

1 year

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N.☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Jan 12 10:15 AM

to Jan 25

and last saw him alive on Jan 25, 1962

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. Roger Nelson MD

## 22b. ADDRESS

135 W. Adams Kirkwood Mo

## 22c. DATE SIGNED

1/29/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/27/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

## 23d. LOCATION (City, town, or county)

Kirkwood

## (State)

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-26-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.